Shasta County Child Care Survey

Summary Report

conducted for

The Shasta Children and Families First Commission

Coordinated by

Duerr Evaluation Resources, Evaluation Solutions, and SCFFC staff

in cooperation with Shasta County Office of Education's

Early Childhood Services

October 2002

Why Was This Survey Was Conducted?

The Shasta Children and Families First Commission (SCFFC), funded through Proposition 10 which was passed in 1998, has as its mission the promotion of community attitudes, practices, and resource allocations that support the healthy development of children aged 0-5. The Commission created a Strategic Plan in August 2000 to guide the actualization of this mission. Several of the objectives identified in this plan relate directly to issues of child care. The term "child care" refers to a variety of situations, but can be broadly defined as supervision and instructional services provided to children while their parents/primary caregivers are otherwise engaged in work, training, education, respite, or other activities. Care is provided in either a home environment or in a separate facility such as a preschool or center. The Commission recognizes the central role that child care has for the significant percentage of Shasta County children and families, and wanted to learn more about the availability, conditions, and costs of care. The Commission's child care objectives are:

- Increase access to quality, affordable early care and education for infants and toddlers, sick children, children with special needs, and children during non-traditional work hours.

- Improve education and support for early care and education providers (including license-exempt providers).
- Increase the number of licensed early care and education providers.

The Commission and staff felt that an important step in realizing these goals was to develop a good understanding of the existing child care resources in Shasta County. To this end, a scientifically valid survey of various types of child care resources was commissioned. The surveys were planned and coordinated by Duerr Evaluation Resources (DER) and Evaluation Solutions (the Commission's contracted evaluators); the Coordinator of the Shasta County Local Child Care Planning Council; and with input from the SCFFC Executive Director. The calls were conducted by staff from the Early Childhood Services (ECS) Resource and Referral unit of the Shasta County Office of Education, then analyzed and reported by DER. Although the Commission's focus is on children aged 0-5, the surveys focused on children in care of all ages because the survey project was a collaborative endeavor.

How Is This Report Organized?

This Summary Report briefly describes the groups surveyed (see below), then moves directly to report the key findings by topic. The discussion of topics—such as child care costs, provider education, and availability of care during nontraditional hours—is designed to provide insights into the current child care environment in Shasta County which may be used in future programming decisions by the Commission and other interested groups or individuals. An attached Methodology section discusses the technical approach utilized. A more detailed set of data tables for each question asked can be found in the longer Technical Report, which may be obtained from the SCFFC office by calling (530) 229-8300.

Who Was Surveyed?

Surveys were conducted with three different groups:

1. Group 1: larger, licensed organizations which coordinate programs at many different sites. These were Head Start, Early Childhood Services, and the YMCA. These organizations serve children primarily in facilities dedicated to this purpose and tend to have fixed hours of operation. Their licenses sets standards for staff ratios, training, and health/safety levels.
2. Group 2: smaller, licensed family care providers. These largely represent care provided in someone's home with a maximum of 14 children served. This group also included ten child care centers (a facility other than someone's

home) with 14 to 18 children, but which were not part of the larger organizations represented in Group 1.

3. Group 3: license-exempt providers. These are small providers who are not required to have a license to care for children. In our survey, the most common exempt providers were those who care for their own child(ren) and those from one other family, and who receive child care subsidies. The three primary types of exempt providers who were not surveyed include (1) exempt providers who do not participate in the subsidization program and hence remain anonymous, (2) public recreation programs, and (3) care for school-age children in some after school programs.

What Are The Primary Survey Findings?

It should be noted that while the SCFFC is interested primarily in children aged 0-5, these surveys asked about all child care, including school-aged children. About 24 statistical analyses were made comparing the answers of randomly selected questions for providers who served 0-5 children versus those who served only school-aged children. Since no statistically significant differences were obtained (which means the age of the children did not affect the answers), the authors have chosen to present all data in this Commission report. The authors want to emphasize, however, that the data presented here is representative of the child care situations for children aged 0-5. The following pages summarize the findings from core areas of inquiry across all three surveys, where appropriate.

How Are Other Languages Supported?

Staff Language Skills Of the 536 care workers described by respondents in the three different surveys, 54 or 10 percent speak a second language. This language is almost always Spanish, with a few who know American Sign Language, Mien, Tagalong, and others. The exempt providers are the group most likely to speak a second language (20%), followed by the small licensed providers (15%), then the large licensed group (5%).

Other Support About six percent of the small licensed providers offer materials, newsletters or classes to parents/primary caregivers in languages other than English. In contrast, two of the three larger licensed agencies provided these services. Exempt providers were not asked this question.

What Food Is Served To Children In Care?

Food Service Children generally receive meals while in care which correspond with the hours they are there. With few exceptions, licensed providers afford breakfast if they open before 8:00 am, all serve lunch, and all serve snacks. Of the providers open between 5:30 p.m. and 9:30 pm, only 20 percent serve dinner. About 90 percent of the Exempt providers serve meals to the children in their care, although which meals and at which times was not made clear from the survey.

How Experienced And Well-Trained Are Child Care Providers?

Experience and Tenure Only one of the three large licensed respondents could estimate the number of years their staff had been working in child care and reported that only 45percent had worked more than three years. The small licensed group reported that they personally had more experience, with 80 percent having worked in child care for more than three years with the average respondent having 12 years experience. However, their employees had somewhat less experience: only 65 percent had three or more years on the job. The Exempt providers reported extensive experience with 90 percent reporting having worked more than three years in child care for an average of over 10 years each. However, the researchers believe that the question was misunderstood by many in the Exempt group to include their years raising their own children, so it may be a great overestimate. Any future survey should reword this question to make it clear it applies only to years of caring for others' children.

Formal Education The large licensed staff had a wide range of educational experiences. About 40 percent had earned no degrees or child care-related certificates past high school, 37 percent had earned an AA (two-thirds of these in the field of child care), and 22 percent had earned a BA or other advanced degree. This was in contrast to the small licensed group, where 75 percent had no post high school degree. Data from the exempt group is less detailed, but even fewer seem to have degrees: only 14 percent have earned any Early Childhood Education-related units. It is interesting to note that the large licensed group has more formal education, but has less experience and tenure. Some sources note that individuals with post high school degrees are often lured to higher paying jobs that are commensurate with their training.

Other Training The pattern for other child care training such as nutrition/food program sessions, CPR, behavior management, and other topics is similar to that for formal education, with the large licensed providers getting the most training and exempt providers attending less frequently. Nearly all of the large licensed employees and managers had attended one or more such sessions in the last year.

In the small licensed group about 64 percent of the care givers had other training, and in the exempt group only about 26 percent had been to a training or workshop. The small licensed group were asked what if any further training or support would be helpful. Fully 65 percent wanted some type of assistance, including the following (in order of importance):

- Help with behavioral/discipline issues
- Activities and curriculum ideas
- Business skills/funding information
- Nutrition and food service
- Helping children with special needs

How Much Care Is Offered During Non-Traditional Hours?

- Days of the Week Both large and small licensed providers generally provide care only during weekdays. Only about 18percent of the small licensed providers care for children on the weekends and none of the large facilities do. Conversely, about 40 percent of the exempt providers are regularly open at least one weekend day and another 16 percent offer weekend care occasionally. About one-third (36%) of the exempt providers also work with client schedules that change from week to week. The survey findings make it clear that licensed facilities are often adequate for parents/primary caregivers which need regular weekday care, but the exempt providers shoulder the burden of caring for children on weekends and on rotating schedules. Clients who want care for their children on weekends and who do not know someone working in an Exempt situation clearly may have trouble obtaining it from licensed facilities. This stands out as a great unmet need.
- Hours of the Day Care time schedules also varied greatly by type of provider. The small licensed providers generally offered only daytime care, opening primarily between 5:30 and 7:30 am (89%) and closing between 5:00 and 7:00 p.m. (87%). All large providers keep similar hours. While offering a little flexibility outside the "standard" 8-5 workday (someone working 6:00 am to 3:00 p.m., for example, should be able to find care), parents/primary caregivers are still going to be limited to daytime schedules at these facilities. The exempt providers—as might be expected—offer dramatic flexibility in their hours of care. On average they open later (36% open 7:30 am to noon) and about 15percent stay open after 7:00 pm (compared to 3percent for small licensed sites). In addition to these regular schedules, 58percent of these providers said they sometimes "care for children at night." Obviously, few of the total child care slots in the county are available for individuals working swing or night shift, or for those with changeable schedules.

What Do We Know About Playground Availability?

Playground Availability The licensed facilities (large and small) were asked whether they had a "swing set or playground equipment… on the grounds," and the Exempt providers had a similar question but with the added provision "or near your house." All of the large providers and 87 percent of the small licensed providers said they did. About 60 percent of the Exempt providers had this equipment or close access. These data suggest that most children in licensed settings have good opportunities for physical play, although a significant proportion of those in Exempt settings do not.

How Much Care Is Available For Infants And Toddlers?

Care for Infants and Toddlers It was difficult to aggregate the data for infants because the age ranges in the question responses varied between surveys. The exempt respondents are serving[1] 36 children between 0-18 months, or 18 percent of all children they serve. The small licensed providers reported that they were serving 143 children 0-18 months old, which represents 22 percent of the 663 children in their care. The large licensed sites have a capacity for about 32 children[2] aged 0 to 18 months or two percent of their overall capacity. The three surveyed groups together reported having a total capacity of 2,709 children aged 0-14, so the approximate proportion of the total slots for infants and toddlers is seven percent. Since the ages 0-18 months represents about 11 percent of children aged 0-14, the number of child care slots for this age group is disproportionately low. These statistics suggest that care for infants and toddlers up to 18 months of age may be limited in Shasta County. It is suggested that future surveys further distinguish between infants and toddlers so an assessment of infant care can be made.

How Are We Serving Children With Special Health Needs?

Children With Special Health Needs Small licensed providers were asked if they could accommodate children with "special health needs or other special conditions." Of these, 58 percent said they did, and further noted that they could accommodate on average of 1.4 children with "mild" conditions and about one child with "severe" conditions. When asked whether any of the children they serve have "special health needs or conditions, special physical needs, or other special

[1] The estimate was made by taking 75 percent of the total number of children reported as 0-2 years old, which approximates the number aged 0-18 months.

[2] Another 16 slots for this age group will be available in Shasta College in spring 2003.

conditions" only 16 percent of exempt providers reported that they were serving these children, usually serving just one such child. These were in turn split about evenly between "mild" and "severe" cases. Statistics from the large licensed group were hard to aggregate, but in general it seems about 10 percent of their slots can accommodate "mild" special needs children with about 3-5 percent of slots for "severe" cases.

Of course, resources exist to assist providers with these children. The Health Linkages Program and Early Childhood Services (ECS) both offer such assistance through individual assistance or referrals to specialists. ECS has a team of nurses, psychologists, teachers, and speech pathologists to provide help. The Bridges to Success Program (through ECS, Family Service Agency, and Northern Valley Catholic Social Services) provides mental health assistance.

How About Space For Sick Children?

Sick Children Licensing states that there must be a clearly defined, isolated are for sick children. This regulation hinders licensed programs from accepting sick children because of the extra space required. None of the large licensed providers surveyed reported having this space for sick children. Among the smaller licensed group, 37 percent said they care for sick children. However, 87percent of the exempt group (free of this separate space regulation) responded affirmatively. Clearly, the likelihood of keeping a sick child in care is related to the type of care being received and the nature of the illness, with exempt providers being the most likely to provide such care.

How Much Does Child Care Cost?

Hourly Costs[3] Most providers do not charge a per-hour rate per se, but hourly rates were calculated from the daily, weekly, or monthly rates for all groups to allow comparability. The small licensed providers charge a slightly higher rate of $2.15 per hour for full-time care, and average $3.00 per hour for part-time or extra hour care. These rates, however, vary above and below these averages: about 70 percent of the small licensed providers charge hourly rates for full-time care between $1.80 to $2.45. Care at two of the three large licensed organizations surveyed—Head Start and Early Childhood Services—is free to the clients, who meet strict eligibility requirements. The YMCA program charges the equivalent of $1.90 per hour for full-day care and a slightly higher $2.45 per hour for half-day care. The exempt group was not asked about how much they charge because the research team was concerned they might find such a question too invasive.

[3] Drawn from reported daily rates. Assumes 10 hours of care per day full-time, and 5.5 hours for part-time.

Weekly Costs The small licensed group costs translate to an average weekly rate of $107 full-time and $81 part-time. After school care for this group averages $67 per week. The larger YMCA program charges $100 per week full-time and $53 part-time.

Annual Costs Assuming 50 weeks of care per year, the cost for a full-time slot at a small licensed home or facility will run from $4,500 to $6,125[4].

How Do Child Care Workers Support One Another?

Networking Opportunities The Family Child Care Association provides opportunities for child care workers and others to periodically meet and network. Among the small licensed group, 34 percent reported having attended such meetings.

Informal Support

The small licensed group were asked how often they meet or talk with others in the child care field to share ideas and discuss child care. Four-fifths reported doing so, with about one-half of these doing so at least once a month.

What General Observations Can Be Made from these Findings?

Child care continues to grow as a concern for so many families because of several dynamics in California and the Northstate. Welfare reform continues to encourage women to prepare for and move into jobs, but most observers agree that many issues regarding how these women's children will be cared for have not been addressed. For example, while a full-time minimum wage earner takes in only about $12,000 annually, full-time care for a child in Shasta County in a licensed center costs $4,500-6,000 (usually at the higher end for infants[5]), making this a nearly impossible objective for a poor family. As a result of these economic realities, many families are on waiting lists for government subsidized child care, but demand outstrips supply. The problem intensifies if a family needs care at any time other than weekdays, or if their child has special needs.

One of the sharpest contrasts discovered is the difference between licensed and unlicensed care. Unlicensed care occupies an interesting niche, apparently filling a void for some services which are less likely to be offered by licensed providers. For example, they provide much of the care offered outside of the traditional Monday-Friday, 7-5 schedule kept by the large majority of licensed providers. In addition, they are often the only option available to rural clients where no licensed facilities exist. Exempt providers are also much more likely to continue to serve

[4] These are the rates within one standard deviation of the average, which includes about 70 percent of the sample.
[5] California Child Care Portfolio

children with mild temporary illnesses. They are also much more likely to speak a second language, and presumably serve a higher proportion of non-English speaking children. It was not possible to make any determinations about the quality of care provided by these two groups.

These findings take on special meaning when examined in light of the issues for child care described in the Commission's Strategic Plan (SP). Obviously, the population of child care providers should be among the best educated in the areas of early childhood development and learning (a core SP objective). The data from this survey suggests that the majority of child care workers do not have any specialized training in this area (few have college-level or specialized early childhood education) leaving a clear opportunity for such specialized instruction. Another SP objective focuses on quality, affordable early care for infants and toddlers, sick children, those with special needs, and care during non-traditional hours. The data presented here notes that while some care exists for children in these circumstances, much more remains to be done, especially among licensed providers. Another SP concern involves retaining early care providers, suggesting that turnover may be high. This survey suggests that this may be true among employees of large providers, but the smaller licensed providers had an average tenure of 12 years. This suggests that Commission efforts in this area focus initially on larger providers.

Overall, these survey findings should create a better understanding of the structure of child care in Shasta County, and offers insights about how to address core SP objectives. Planned future administrations of the survey should also provide information on change over time for the key issues of study and will be an important source of informaiton in assessing progress in child care improvement in the coming years.

Survey Methodology

The Commission evaluation team worked with ECS staff to obtain the most current lists possible for each of the three groups described in the report. Calls were then placed by ECS staff to everyone on each list, with up to three tries to each number (the three large, licensed providers received a hard copy of their survey after their call because several of the questions required record look-ups which would have been too time consuming on the phone). The survey instruments for both large and small licensed groups were based on existing surveys ("information updates") conducted annually by ECS. License-exempt providers had never been surveyed, so an instrument was developed based on a shortened version of the licensed survey. The majority of questions on all surveys were

designed to address objectives from the Commission's strategic plan. The surveys were designed with input from the Commission evaluation team, other local researchers, and ECS staff. The license-exempt provider survey was shorter than the other two as it was judged that a shorter survey would be better accepted and have a higher response rate.

Responses were obtained from all three of the larger licensed organizations. All of the smaller, licensed facilities (107) also completed their surveys. The response rate from the license-exempt providers, however, was more complex. From a potential call list of about 770 exempt providers, 384 were randomly selected for the survey. However, 239 of these were removed from the sample list because upon calling they reported that they were no longer providing care or no information was available from them because they were no longer at that phone number, there was no answer, or it was never possible to get past their voice recorder. Of the remaining 145 active providers, 76 percent (110) completed the survey and the remainder (35) declined for various reasons.

Scientifically conducted surveys such as this one attempt to assure that the findings from those who answer the survey are generally representative of all those individuals who are members of the group being surveyed. The accuracy for the large, licensed centers is excellent because all three such agencies in the county responded. The three who responded, in turn, provided aggregate information about the various facilities under their direction, so some "averaging" occurs in their answers. Results for the smaller, licensed facilities which are somehow involved in subsidized care are highly representative because they represent nearly all of these types of facilities in the county. Characterizing the representativeness of license-exempt is problematic because for 62 percent of 384 names on the original call list it was not possible to ascertain whether or not they are still providers. For the purposes of this study, it seems reasonable to conclude that those reached—whether they completed or declined the survey—do represent the "known" population of exempt providers and for these the response rate of 76 percent should be fairly representative. It should be noted here that given the primary purpose of the study to gather general information to be used to help guide future programming and funding decisions, the findings presented here should be considered more than adequate.